

IFW
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Thomas Boehm, et al.

Examiner: Jamara A. Franklin

Serial No.: 10/681,024

Group: Art Unit 2876

Filed: October 8, 2003

Docket: 1400-30 (1482 & 1493)

For: **SYSTEM AND METHOD
FOR CONFIGURING AN
OMNIDIRECTIONAL SCANNER**

Dated: July 5, 2007

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDIT. RATE FEE	OTHER THAN SMALL ENTITY OR RATE ADDIT. FEE
TOTAL	21	MINUS 57	= 0	X 25 \$	X 50 \$0.00
INDEP.	4	MINUS 8	= 0	X 100 \$	X 200 \$0.00
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 180 \$	X 360 \$0.00
				TOTAL	OR TOTAL \$0.00
				<u>ADDIT. FEE</u>	<u>\$0.00</u>

No additional fee is required.

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

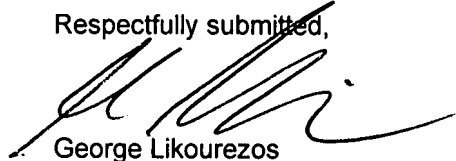
Dated: July 5, 2007

Maria Goldman

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- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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